

NJ Department of Labor and Workforce Development Division of Workers' Compensation

COURTS ONLINE

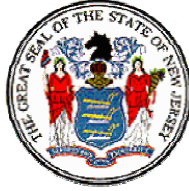
Application Package
for
Secure Internet Access to the Division's database
and Electronic Filing

P.O. Box 381
Trenton, New Jersey 08625-0381

For more information about COURTS on-line, please contact:

(609) 984-2555
(609) 292-3758 FAX
courts@dol.state.nj.us

<http://www.nj.gov/labor/wc/wcindex.html>



State of New Jersey
Department of Labor and Workforce Development
Division of Workers' Compensation
PO Box 381, Trenton, NJ 08625-0381

Thank you for your interest in the Division of Workers' Compensation's Internet database, *COURTS on-line*. Access to *COURTS on-line* is available to law firms, insurance carriers and Self Insurers. Recently, we have enhanced the program to give law firm subscribers the ability to electronically file and receive legal pleadings and insurance carrier subscribers the ability to electronically receive legal documents and to electronically forward those documents to their counsel for response. For more information about Electronic Filing, please visit www.nj.gov/labor/wc/courts_efile.htm.

COURTS on-line utilizes Digital Certificate technology to authenticate the identity of the user. This is critical to maintaining the security of the Division's network and the confidentiality of its database. Please keep in mind that the minimum technical requirements for participation in *COURTS on-line* are the following:

- subscriber must have his or her own personal computer with a unique e-mail address belonging solely to him/her;
- subscriber must routinely check his/her e-mail to receive important notices from the Division. Please note that e-mail filters used by some Internet Service Providers may classify messages from the *COURTS on-line* staff as Bulk Mail or Junk Mail, while others may completely prevent the delivery of our messages to you. To ensure that messages are delivered correctly to your Inbox, please add the following domain names to your address book: "dol.state.nj.us" and "oit.state.nj.us"
- the Internet browser on the subscriber's computer must be either Microsoft Internet Explorer (version 5.5 or higher) or Netscape Navigator (version 4.7 or higher);
- Adobe Acrobat Reader (version 5.0 or higher) must be installed if subscriber is interested in e-filing
- subscriber must be able to download files through the Internet

Before we can process the individual applications, we will need for your firm to designate a **contact person**, an individual with a managerial title. This can be done by completing **application #1**. It will be the contact person's responsibility to approve the list of users for your firm, advise us on the electronic filing access level for every subscriber, notify us whenever there is a change to this list and receive notices from the Division regarding technology issues. The individual digital certificate application (**application #2**) needs to be completed and signed by **each applicant** as well as the **contact person**. Please note that if the contact person wishes to receive a digital certificate, he or she will also have to complete a subscriber application (application #2).

You can mail or fax the completed applications to the Division of Workers' Compensation at the address noted above, **attn: Donna Conway, fax (609) 292-3758**. If you have any questions, you can e-mail us at courts@dol.state.nj.us or call us at (609) 984-2555. Within 2-4 weeks after you submit your applications to the Division, each applicant will be mailed a pin number and instructions on how to download their digital certificate. Once the subscriber has downloaded their certificate successfully, they will then be able to log on to *COURTS on-line*.

We look forward to hearing from you and thank you for your continued support of the *COURTS* project.

Sincerely,

A handwritten signature in black ink, appearing to read "Shravani Kosnik".

Shravani Kosnik
COURTS Project Team

NJ Division of Workers' Compensation - *COURTS on-line program*

Designation of a Contact Person

courts_online_app031606

Access to *COURTS on-line*, the Division of Workers' Compensation's secure Internet site is only available to authorized employees of law firms/insurance carriers/self insurers registered with the Division. Please keep in mind that the minimum requirements for participation in this program are the following: each individual applicant must have his or her own personal computer with a unique e-mail address belonging solely to that applicant; the Internet browser on the participant's computer must be either Microsoft Internet Explorer 5.5 or Netscape Navigator 4.7 or higher; Adobe Acrobat Reader software (version 5.0 or higher) for viewing and downloading documents; the applicant must be designated as an authorized participant by their employer.

In order for us to process the applications filed by employees of your company/firm, we will need to know the identity of a key contact person in your company.

- **The individual designated should be an officer of the company, a partner or have a managerial title.**
- **If your firm has multiple locations, the designated contact person should be located at the address that is registered with the Division of Worker's Compensation.**

It will be the contact person's responsibility to approve the list of users for your firm, advise us of their electronic filing status, notify us whenever there is a change to this list and receive notices from the Division regarding *COURTS on-line* issues. Please note that as long as one subscriber from your firm is designated an electronic filer, your firm will be considered an "Electronic Filing" firm and will receive notices of electronically filed legal pleadings solely through the *COURTS on-line* system.

I. Contact Person – Information (Please print or type clearly)

Your Name _____

Title _____

Firm Name _____

Street Address _____

City, State, ZIP _____

Telephone # _____ Fax #: _____

E-Mail Address: _____

II. Electronic Filing

_____ My firm is interested in participating in the electronic filing program. By opting for this feature, I understand that as long as one subscriber from my firm is designated an electronic filer, my firm will be considered an "Electronic Filing" firm and will receive notices of electronically filed legal pleadings solely through the *COURTS on-line* system.

_____ My firm is not interested in electronic filing at this time.

III. Contact Person Signature

I understand that it will be my responsibility to approve the list of users for the above referenced firm/company and to notify the Division in writing whenever an individual, participating in the *COURTS* Internet access program is no longer employed with us or if his/her authorization to inspect records on behalf of this firm has been withdrawn.

Date _____ Signature X _____

NJ Division of Workers' Compensation - *COURTS on-line program* Subscriber Application

courts_online_app031606

The minimum requirements for participation in *COURTS on-line* are the following: you must have your own personal computer with a unique e-mail address belonging solely to you; the Internet browser on your computer must be either Microsoft Internet Explorer 5.5 or higher or Netscape Navigator 4.7 or higher; Adobe Acrobat Reader software (version 5.0 or higher) must be loaded in order to view and download documents; you must routinely check your e-mail to receive important notices from the Division about *COURTS on-line* and electronic filing.

Please complete sections I and II of this application, provide your signature in the requested areas and forward it to your employer for approval and their signature in sections III and IV. **(Please print or type clearly)** The Division, within 2-4 weeks of receipt of this application, will provide you with instructions on how to obtain your digital certificate and access *COURTS on-line*.

I. Subscriber Information *(Print or Type clearly and complete all fields)*

Your Name:		Firm Name:	
Street Address:			
City, State & ZIP:			
Telephone:		Fax:	
		E-Mail:	

II. Certification of Confidentiality and Subscriber Responsibilities *(signature of participant required)*

I, the undersigned, do hereby state under penalty of law, that I do not seek inspection of the records available on the Division of Workers' Compensation's *COURTS on-line* website for the purpose of selling or furnishing for a consideration to others and will not do so nor will I subsequently disclose any of the information to any person, organization, entity or governmental agency not entitled to receive the information from the Division of Workers' Compensation pursuant to R.S. 34:15-1 et seq. Please refer to NJSA 34:15-128 printed on page 3 of this form.

I, the undersigned, am aware that I am responsible for preserving the security of my password and the digital certificate issued to me in relation to this program. I understand that I am responsible for the actions of any unauthorized user gaining access into the database using my password and digital certificate, without the express permission of the Division.

Date _____ Signature X _____

III. Electronic Filing Access Level *(to be completed by your COURTS on-line Contact Person)*

Circle the Electronic Filing Access Level (if no selection is made, access will default to the BASIC level):

- BASIC** Subscribers will not be able to electronically receive or submit legal pleadings on behalf of the firm.
- LIMITED** Law Firms only - Subscribers will be able to receive notices of electronically filed legal pleadings, data enter and save information into pre-formatted templates but they will not be able to electronically file any legal documents.
- FULL** If Law Firm - this access level will give subscribers full rights to receive and file legal pleadings electronically. If Carriers - this access level will allow you to receive pleadings and to designate respondent counsel electronically.

**** If Limited or Full Access is selected for at least one employee of a firm, that firm will receive notice of e-filed documents solely through the *COURTS on-line* website and not through US Mail.**

IV. Employer / Firm Approval *(signature of your COURTS on-line Contact Person required)*

The above individual has been approved to access workers' compensation cases on behalf of _____
and has been assigned the above noted electronic filing access level. *Company/Firm Name*

I understand that it will be my responsibility to notify the Division, in a manner prescribed by the Division, immediately upon learning that this individual is no longer employed with us or that his/her authorization to inspect records on the *COURTS on-line* database website on behalf of the firm has been withdrawn.

Date _____ Signature X _____

34:15-128. Limited right to inspect or copy records.

a. Notwithstanding any other provision of the chapter to which this act is a supplement [34:15-1 et seq.] or of any other law, no records maintained by the Division of Workers' Compensation or the Compensation Rating and Inspection Bureau shall be disclosed to any person who seeks disclosure of the records for the purpose of selling or furnishing for a consideration to others information from those records or reports or abstracts of workers' compensation records or work-injury records pertaining to any claimant. No information shall be disclosed from those records to any person not in the division, unless:

(1) The information is provided in a manner which makes it impossible to identify any claimant;

(2) The records are opened for the exclusive purpose of permitting a claimant, employer, insurance carrier or authorized agent of the claimant, employer or insurance carrier to conduct an investigation by or on behalf of the claimant, employer or insurance carrier in connection with any pending workers' compensation case to which the claimant, employer or insurance carrier is a party, and the party seeking access to the records certifies to the division that the information from the records will be used only for purposes directly related to the case;

(3) The records are opened for the exclusive purpose of permitting a third party directly involved in a workers' compensation case, including any workers' compensation lienholders, or an authorized agent of the third party, to conduct an investigation by or on behalf of the third party in connection with the case, and the party seeking access to the records certifies to the division that the information from the records will be used only for purposes directly related to the case;

(4) The records are subpoenaed by the Commissioner of Banking and Insurance pursuant to section 10 of P.L. 1983, c. 320 (C. 17:33A-10) or by a court of competent jurisdiction in a civil or criminal proceeding;

(5) The division provides the information to another governmental agency pursuant to law, for a duly recognized purpose of that agency, which agency shall not subsequently disclose any of the information to any person, organization, entity or governmental agency not entitled to receive the information from the Compensation Rating and Inspection Bureau or the Division of Workers' Compensation pursuant to the workers' compensation law, *R.S. 34:15-1* et seq.; or

(6) The information is information about the claimant requested by the claimant, in which case the division shall disclose the information and the claimant shall not be charged fees in excess of the cost of providing copies of the information.

b. Notwithstanding any other provision of law, no information from records maintained by the Compensation Rating and Inspection Bureau pertaining to any work injury or illness or workers' compensation claim shall be disclosed to any business or other member of the public unless the bureau discloses the information in a manner which makes it impossible to identify the claimant.

c. Notwithstanding any other provision of law, no information provided by the division to any other governmental agency pursuant to subsection a. of this section shall be disclosed by the agency to any business or other member of the public unless the information is disclosed to the business or other member of the public in a manner which makes it impossible to identify the claimant.

d. Notwithstanding the restrictions on disclosure set forth under subsections a. through c. of this section, a claimant may authorize the release of records of the claimant to a specific person not otherwise authorized to receive the records, by submitting written authorization for the release to the division specifically directing the division to release workers' compensation records to that person. However, no such authorization directing disclosure of records to a prospective employer shall be valid, nor shall an authorization permitting disclosure of records in connection with assessing fitness or capability for employment be valid, and no disclosure of records shall be made with respect thereto, unless requested pursuant to and consistent with the federal "Americans with Disabilities Act of 1990," 42 U.S.C. § 12101 et seq. and the "Law Against Discrimination," P.L. 1945, c. 169 (C. 10:5-1 et seq.). It shall be unlawful for any person to consider for the purpose of assessing eligibility for a benefit, or as the basis for an employment-related action, an individual's failure to provide authorization under this subsection.